

## Health, Social Care and Sport Committee

### Inquiry into Attention Deficit and Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) pathways and support

August 2025

**Question: Please tell us your views on the aims of the inquiry, in relation to the people you support, and describe any opportunities for improvement you have identified.**

The Royal College of Speech and Language Therapists (RCSLT) welcomes the opportunity to contribute to the Health, Social Care and Sport Committee's inquiry into Attention Deficit and Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD) pathways and support. In our response we will be using identity first language for autistic people. Further information about the use of neuro-affirming language can be found here: <https://nait.scot/document/nait-neuro-affirming-language-checklist-for-online-resources-2025/>.

#### **The role of speech and language therapists**

Speech and language therapists (SLTs) are key professionals supporting people of all ages who are autistic and have ADHD. In relation to the diagnosis of these conditions, our members are trained in assessing and identifying any language processing, social communication/interaction or eating and drinking needs that are as a result of or co-occur with these conditions. SLTs have an expert understanding of the language, play and communication differences associated with both autism and ADHD. Specialist SLTs have skills in assessment of other aspects of development and emotional regulation required to undertake neurodevelopmental assessment. In many areas of Scotland, SLTs work as part of multidisciplinary teams in the Neurodevelopmental Pathway to carry out autism and ADHD assessments. They play an important role using their expertise to identify related conditions such as Developmental Language Disorder (DLD), Situational Mutism or Fetal Alcohol Spectrum Disorder (FASD) which could be considered as a differential or co-occurring diagnosis alongside autism or ADHD.

In relation to support, an SLT's approach is aligned with GIRFEC and provides support according to need. Support can be provided before, during or after diagnosis. All SLTs contribute to understanding and managing distress and mental wellbeing for neurodivergent people and their families, including the mental health impact on individuals experiencing long waits for diagnosis. They provide vital post-diagnostic support, including managing the impact of their communication need and supporting participation and inclusion in the community, school and work. SLTs deliver specialist, evidence-based parent programmes and deliver professional learning across services. They also promote communication inclusive environments which can be adopted by other professionals and institutions the individual with autism or ADHD interacts with on a regular basis.

#### **Who we support**

Speech and language therapists work with individuals of all ages. In Scotland, 60% of our work is with children and young people and 40% of our work is with adults. SLTs have a unique view of the diagnosis process as they are often the first professional contact with a child who is suspected to be autistic (and in some cases having ADHD) due to communication challenges. Much of our work to support individuals involves supporting those in naturally occurring environments to understand and meet needs (e.g. parents and carers, staff in schools or early

years settings and staff in adult services). As experts in communication, SLTs are well placed to help adults advocate for themselves in seeking an autism or ADHD diagnosis in a system that might otherwise be too challenging for them to navigate.

### **Why waiting times are long**

In speaking to our members, we have identified a number of reasons for the long waits we are seeing for diagnosis of ADHD and autism.

Our members have reported a notable increase in referrals. This increase can be attributed to a number of factors. Our members mentioned the fact that there is greater societal awareness of these conditions and that we live in a more neuro-affirmative culture, making people more comfortable to seek assessments.

Another consideration is that these conditions are expected to have been historically underdiagnosed due to the perceived stigma attached to having autism or ADHD as well as lack of awareness of what these conditions are and how support or adjustments can help. For example, Tayside Adult Autism Consultancy Team has noted a marked increase in female referrals over the last 3 years while male referrals remain static. This likely reflects the growing awareness of these conditions and how they might present differently in women and girls.

Our members also reflected on the increasing number of parents they see seeking assessment for themselves after seeing their child/children receive a diagnosis and support that has helped them greatly. Parents often recognise the same experiences in themselves, which they may not have realised until that point were signs of a condition that could be improved with the right support. We also need to consider the changing and broadening criteria for diagnosis over the years which has naturally led to more referrals for assessment. We heard from our members of the growing number of people they come across who are struggling in the world we currently live in, in terms of societal expectations and the noted increase in mental health concerns. SLTs have seen more emotionally-dysregulated young people since Covid. Referring these individuals for ADHD or autism assessments will be beneficial in some circumstances, but often the root cause of their issues is elsewhere, yet their referrals will add to the long waiting times for others.

With referrals increasing, there has been little investment in staff capacity to process these referrals. Our members have reported that referrals in many areas of Scotland often get stuck in a bottleneck situation of professionals around the individual identifying the need, gathering the evidence and sending this off for specialist assessment, but the lack of specialists available means referrals pile up waiting for review. In adult services, SLT and AHP provision is sorely lacking. With a move away from a medicalised approach to autism and ADHD, there is a need for better AHP representation in adult services and diagnostic teams.

### **Impact on individuals and families**

As noted earlier, our members have seen a shift change in the public's attitude to ADHD and autism diagnosis. What used to be considered a very difficult diagnosis can now be seen as a positive affirmation of one's identity and a way to meet support needs. While this is a welcome shift, particularly in promoting acceptance of the neurodivergent population our profession regularly supports, it has also changed the impact on individuals and families waiting for assessment or diagnosis. Many families and individuals today have a strong focus on receiving a diagnosis to have a sense of validation, certainty and assured access to support. According to

our members, some individuals or families find it hard to access support designed for autistic or ADHD people, or adopt neurodevelopmentally friendly strategies without a diagnosis as they want to be sure or are afraid such strategies might do harm if perhaps there is a different outcome in the diagnostic process. Affirmation of diagnosis can be highly therapeutic and validating in itself. More widely, lack of diagnosis can lead to unmet need, frustration and can tip over into demand on mental health services or result in poorer outcomes in school or work. Sometimes being on the waiting list itself can contribute to the individual or family's mental health being compromised, as it creates a build-up in expectations of a diagnosis that wouldn't otherwise be there had the wait been shorter. Individuals and families we work with report that lack of diagnosis is particularly problematic at points of transition, when children enter adult services, for instance.

### **Opportunities for improvement**

After consultation with our members, we have identified a number of ways to address these long waits and improve the experience of individuals and families seeking an ADHD or autism diagnosis.

Firstly, we believe the system would benefit from a more universal adoption of AHP-led teams diagnosing these conditions. Areas that currently use this model have seen the advantage of utilising allied health professionals (AHPs) such as speech and language therapists as they are already community-based and are in a position to provide diagnosis at a point closer to the child or adult. Highly skilled or advanced practice SLTs who undertake post-graduate development specific to ADHD and autism diagnosis could participate and lead these teams alongside other relevant professionals. This would lead to a more cost-effective and quicker service.

Secondly, speech and language therapists at all skill levels have a lot to offer throughout the pre and post diagnostic process. SLTs are experts in communication and are in a great position to gather the views of individuals seeking a diagnosis of ADHD or autism. This is particularly valuable when working with children, as SLTs supporting children with communication needs can share the information they have already gathered through consulting with families and educators with the neurodevelopmental assessment team, saving additional time and resources. This is one of the reasons why we're calling for speech and language therapists to be embedded in every school in Scotland, as they can provide valuable specialist, targeted, universal and cross-disciplinary support in education. On the whole, we need to see more joined up working between neurodevelopmental teams and education. A great example of this is the NDAS service in Lanarkshire, which has one of the largest core funded teams in Scotland with a single pathway across CCH, CAMHS and AHPs. They provide a comprehensive team approach which involves support before or after diagnosis and have devised the 'whole school approach' where an NDAS team goes into a school for 2-3 weeks and works in this setting to complete assessments/ formulation and feedback around individuals; parent information sessions and consultations with school staff. This approach has resulted in around a 30% increase in capacity to meet demand, with the same NDAS resource.

Thirdly, SLTs can offer early support and effective preventative interventions. 'Request for assistance' models, which replace traditional referrals with an open referral system with timely triage, have long been implemented by SLT services across Scotland and are showing great results when used in neurodevelopmental services. Neurodevelopmental assessment pathways in Fife and Dumfries & Galloway, which both have strong SLT representation in the

pathway leadership teams, are excellent examples of good multi-disciplinary collaboration and working relationships. They have challenged professional assumptions that an open referral system will open the flood gates to inappropriate referrals, when in fact it means effective conversations happen earlier and individuals get the support they need sooner, including while waiting for an official diagnosis.

Finally, it is our view that adult neurodevelopmental and SLT services need significant investment to support the growing demand we are seeing. The basics in staff capacity and resource need to be addressed in light of increased demand for the service. Our members have noted positive feedback towards the 'request for assistance'/open referral model in adult services, such as that used by NHS Grampian Adult Autism Team. Simple and cost-effective changes such as this could dramatically decrease waiting lists, alleviate pressures on specialists and improve the wellbeing of those seeking a diagnosis. It is important to recognise that variation in waiting times is often linked to health board investment (or lack thereof) in local service models of delivery.